

PART B - FEE(S) TRANSMITTAL

this form, together with applicable fee(s), to: Mall Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION PEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

7590

02/24/2006

Karl M. Steins Steins & Associates Suite 120

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
transmitted to the USPTO (571) 273-2885, on the date indicated below.

7	Karlow. Steins	(Depositor's name)
4	(USC-	(Signature)
	5/19/00	(Date)

	io South			/ Karl	M. Steins	(Depositor's name
San Diego, CA 921	U8			TXUE		(Signatur
				5/10	100	(Dai
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR 05/2	22/2550×1659XXXX	istonggenation no.
10/663,569 TILE OF INVENTION: E TILIZING A WHEEL MO	09/16/2003 NHANCED METHOD AT USE	ND USER INTER	Dibitri Soloviev FACE FOR CONTR	14.3~1	FC-2591 ADV3-H29 POMPHYNICATIONS EQUIPM	²⁸ /50.00-00 ENT BY 300.08 OP
APPLN. TYPE	SMALL ENTITY	ISSUE P	EE PI	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	·····	\$300	\$1000	05/24/2006
EXAM	INER	ART UN	n ı Cı	LASS-SUBCLASS		
nguyen,	KEVIN M	2674		345-163000		100E0 40113E10
Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as act forth in (A) NAME OF ASSIGNE	E CORPORATION assignee category or category	Correspondence ation form to of a Customer E PRINTED ON To clow, no assigned of this form is NO orices (will not be pre-	(1) the names of or agents OR, alse (2) the name of a registered attorned 2 registered patent listed, no name with the PATENT (print data will appear on T a substitute for fillin (B) RESIDENCE: (C. SANTA riared on the patent):	up to 3 registered garnatively, single firm (having a y or agent) and the n t automeys or agents. If be printed. or type) the patent. If an assi g an assignment. CITY and STATE Of	remembers 2 FC 1584 2 same of up to If no name is 3 ignee is identified below, the de	769, 93 368, 88 368, 88
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			Payment by cred	mount of the fee(s) is it card. Form PTO-20 ereby authorized by o Number		dit any overpayment, to a copy of this form).
Change in Entity Status a. Applicant claims St	(from status indicated above MALL ENTITY status. See		☐ b. Applicant is p	o longer claiming SM	ALL ENTITY status, See 37 C	PR 1.27(g)(2).
					usly paid issue fee to the applicate gistered attorney or agent; of the	
Authorized Signature				Date		
· —			Registration No.			

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TEINS &

SSOCIATES

MISSION VALLEY: 2333 Camino del Rio South Suite 120 San Diego, CA 92108 (619) 692-2004 (619) 892-2003 (fax)

ORANGE COUNTY: 23046 Avenida de la Carlota Suite 600 Laguna Hills, CA 92653 (714) 549-1198 (714) 549-1197 (fax)

FAX COVER PAGE

To: THOUT FEES		From: Karl M. Steins		
Fax Number:	(571) 273-2300 (571) 273-2300	Attorney at Law Fax Number (619) 692-2003 / (714) 549-1197		
Date/Time: _	9/19/06 1701			
Subject: lo	1663,569			
	PLEASE SEE ATTACHEI	D;		
	✓ CERTIFICA	ATE OF FACSIMILE		
	a AMENDMI	ENT/RESPONSE		
	FEE PAYM	ENT \$ TOL		
	OTHER:_	MULTER MITTAL		
	OTHER:			
	o OTHER:			
·		Pages including this cover shee		

The information contained in this tax message is PRIVILEGED AND CONFIDENTIAL INFORMATION intended only for the use of the individual or entity named above. If the reader of this fax message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that you are in possession of CONFIDENTIAL AND PRIVILEGED INFORMATION. Any dissemination, distribution or copying of this communication is STRICTLY PROHIBITED. You are further requested to return the original fax message to the sender at the address above. Your cooperation is appreciated